FORM M

ORU Early College High School Students

Must be submitted prior to arriving at ORU Early College

Form M - Medical and Health Insurance Information and Consent for Medical or Dental Care of a Minor

Student: Last Name | First | Middle

Male ☐ Female ☐

Mother or Guardian: Last Name | First

Father or Guardian: Last Name | First

Birth Date (mo/day/yr) | Age | Grade

Home Phone | Emergency Contact Phone

Home Address | Home Phone

City | State | Zip

Medical/Health Insurance With **Phone**

Address of Insurance Company

Policy Holder **Policy Number**

AUTHORIZATION FOR EMERGENCY CARE TO MINOR(S)

In case of emergency illness or accident, the child is given first aid and the parents will be notified. If the parents or the child's doctor cannot be located, the child will be taken to the St. Francis Hospital Emergency Room, Tulsa, OK.

We the undersigned, parent(s) or legal guardian of the minor(s) listed below:

Birth Date:

(Minor's Name)

do hereby authorize any X-ray examination, anesthetic, dental, medical or surgical diagnosis, or treatment by any physician or dentist licensed by the state of Oklahoma and hospital service that may be rendered to said minor under the general, specific, or special consent of an acting agent of ORU Early College for High School Students, the temporary Custodian of the minor, whether such a diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the state of Oklahoma. I/We authorize the physician(s) or dentist(s) to call in any necessary consultants, in his/their discretion.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician(s) or dentist(s) who have temporary custody of the minor, and said physician(s) or dentist(s) to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment. If ambulance service is needed, I/we authorize a call for emergency service.

This consent shall remain effective until _____ a.m./p.m. on the ____ day of _____, 20_____, unless sooner revoked in writing, delivered to said physician or dentist or to said persons entrusted with the custody, care, and control of said minor child or children.

Dated

Witness: (Other than Custodian(s))

Father / Mother

Legal Guardian

AUTHORIZATION OF NONPRESCRIPTION MEDICATION

The staff of ORU Early College for High School Students has my permission to administer the following if needed to my child:

	Yes	Initial	No	Initial
Aspirin	☐	_____	☐	_____
Tylenol	☐	_____	☐	_____
Advil	☐	_____	☐	_____
Sudafed	☐	_____	☐	_____
Benadryl	☐	_____	☐	_____
Cough Drops	☐	_____	☐	_____
Pepto-Bismol	☐	_____	☐	_____

Please list all allergies, if present:

If there are any physical problems or any special instructions, please comment:

MEDICATIONS

Please list all **medications** you will be taking while you are at ORU Early College:

Certification

I understand this form will only be shared with the Early College staff and faculty on an as-needed basis and will be kept strictly confidential.

Student's signature: _____ Date: _____

Parent's/Guardian's signature: _____ Date: _____